

# House Amendment 1630

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1 1 Amend House File 811 as amended, passed, and  
1 2 reprinted by the House, as follows:  
1 3 #1. Page 16, line 29, by striking the figure  
1 4 <5,266,946> and inserting the following: <5,496,946>.  
1 5 #2. Page 18, by inserting after line 4 the  
1 6 following:  
1 7 <5A. It is the intent of the general assembly that  
1 8 the department of human services review the  
1 9 feasibility of expanding categorical food assistance  
1 10 program eligibility in Iowa to at least 160 percent of  
1 11 the applicable federal poverty level and simplifying  
1 12 administrative requirements by eliminating current  
1 13 asset tests for food assistance program eligibility.  
1 14 The department shall estimate the potential economic  
1 15 benefits and fiscal impact of making these changes on  
1 16 individual Iowa families and the state. The  
1 17 department shall report on or before December 15,  
1 18 2009, concerning the review, providing findings and  
1 19 recommendations, to the persons designated by this  
1 20 division of this Act for submission of reports.>  
1 21 #3. Page 18, line 17, by striking the figure  
1 22 <34,342,700> and inserting the following:  
1 23 <34,592,700>.  
1 24 #4. Page 18, line 20, by striking the figure  
1 25 <2,268,271> and inserting the following: <2,518,271>.  
1 26 #5. Page 21, line 24, by striking the figure  
1 27 <678,038,847> and inserting the following:  
1 28 <677,613,847>.  
1 29 #6. Page 29, line 29, by striking the figure  
1 30 <37,799,472> and inserting the following:  
1 31 <37,974,472>.  
1 32 #7. Page 31, line 20, by striking the figure  
1 33 <175,000> and inserting the following: <350,000>.  
1 34 #8. Page 32, by striking lines 1 through 8.  
1 35 #9. Page 33, line 30, by striking the figure  
1 36 <34,280,400> and inserting the following:  
1 37 <34,200,400>.  
1 38 #10. Page 39, by striking lines 14 through 22.  
1 39 #11. Page 39, by inserting before line 23 the  
1 40 following:  
1 41 <\_\_\_\_. Of the funds appropriated in this section,  
1 42 \$80,000 shall be transferred to the appropriation made  
1 43 in this division of this Act for the family support  
1 44 subsidy program to supplement that appropriation.>  
1 45 #12. Page 40, by striking lines 13 through 21.  
1 46 #13. Page 41, by inserting after line 20 the  
1 47 following:  
1 48 <3. If at any time during the fiscal year, the  
1 49 amount of funding available for the family support  
1 50 subsidy program is reduced from the amount initially  
2 1 used to establish the figure for the number of family  
2 2 members for whom a subsidy is to be provided at any  
2 3 one time during the fiscal year, notwithstanding  
2 4 section 225C.38, subsection 2, the department shall  
2 5 revise the figure as necessary to conform to the  
2 6 amount of funding available.>  
2 7 #14. By striking page 42, line 34, through page  
2 8 43, line 9.  
2 9 #15. Page 44, by striking lines 21 through 27.  
2 10 #16. Page 46, lines 33 and 34, by striking the  
2 11 words <approved county management plan> and inserting  
2 12 the following: <county management plan approved by  
2 13 the board of supervisors>.  
2 14 #17. Page 61, by striking lines 21 through 30.  
2 15 #18. Page 61, by inserting before line 31 the  
2 16 following:  
2 17 <Sec. \_\_\_\_ PHARMACY=RELATED ISSUES == INTERIM.  
2 18 1. The legislative council is requested to  
2 19 establish a legislative study committee for the 2009  
2 20 interim to identify strategies and solutions to  
2 21 address problems arising from inappropriate medication  
2 22 use in the health care system.  
2 23 2. The study committee shall consist of members of  
2 24 the general assembly, and representatives of the

2 25 department of public health, the Iowa pharmacy  
2 26 association, the Iowa medical society, wellmark blue  
2 27 cross blue shield, the principal financial group, the  
2 28 university of Iowa college of public health, the Iowa  
2 29 retail federation, the prevention and chronic care  
2 30 management advisory council established in section  
2 31 135.161, the medical home system advisory council  
2 32 established in section 135.159, the Iowa healthcare  
2 33 collaborative, as defined in section 135.40, the  
2 34 health policy corporation of Iowa, and the Iowa  
2 35 foundation for medical care.

2 36 3. The study committee shall document the extent  
2 37 and causes of medication use problems and examine  
2 38 potential solutions including medication therapy  
2 39 management programs, evidence-based prescriber  
2 40 education programs, clinical pharmacy services in the  
2 41 primary medical home, collaborative practice models of  
2 42 care, and quality and performance-based payment  
2 43 systems.

2 44 4. The study committee shall submit a report of  
2 45 its findings and recommendations to the general  
2 46 assembly for consideration during the 2010 legislative  
2 47 session.>

2 48 #19. Page 71, by inserting after line 9 the  
2 49 following:

2 50 <Sec. \_\_\_\_\_. Section 426B.5, subsection 2, paragraph  
3 1 i, subparagraph (3), Code 2009, is amended to read as  
3 2 follows:

3 3 (3) Avoiding the need for reduction or elimination  
3 4 of a mobile crisis team or other critical emergency  
3 5 services when the reduction or elimination places the  
3 6 public's health or safety at risk.>

3 7 #20. Page 76, by striking lines 10 through 13, and  
3 8 inserting the following: <efforts of the bodies.>

3 9 #21. Page 78, line 10, by striking the figure  
3 10 <891,219> and inserting the following: <999,219>.

3 11 #22. Page 78, line 13, by striking the figure  
3 12 <346,224> and inserting the following: <454,224>.

3 13 #23. Page 78, line 24, by striking the figure  
3 14 <2,253,507> and inserting the following: <2,720,507>.

3 15 #24. Page 80, line 22, by striking the figure  
3 16 <61,350> and inserting the following: <225,350>.

3 17 #25. Page 80, line 27, by inserting after the  
3 18 figure <2006.> the following: <The department of  
3 19 public health shall report to the persons designated  
3 20 in division I of this Act for submission of reports  
3 21 regarding use of the funds allocated in this lettered  
3 22 paragraph, on or before January 10, 2010.>

3 23 #26. Page 80, by striking line 28, and inserting  
3 24 the following:

3 25 <g. (1) Of the funds appropriated in this  
3 26 subsection, \$347,520>.

3 27 #27. Page 80, by inserting after line 33 the  
3 28 following:

3 29 <(2) Of the funds appropriated in this subsection,  
3 30 \$70,000 shall be used to provide conference  
3 31 scholarships to direct care workers.

3 32 (3) The association specified in this lettered  
3 33 paragraph shall report to the persons designated in  
3 34 division I of this Act for submission of reports on or  
3 35 before January 1, 2010, the use of the funds allocated  
3 36 in this lettered paragraph, any progress made  
3 37 regarding the initiatives specified and in expanding  
3 38 the association statewide, and the number of  
3 39 scholarships provided, and shall include in the report  
3 40 a copy of the association's internal revenue service  
3 41 form 990.>

3 42 #28. Page 81, line 15, by striking the figure  
3 43 <111,409,156> and inserting the following:

3 44 <111,834,156>.

3 45 #29. Page 81, line 29, by striking the word  
3 46 <sixteen> and inserting the following: <seventeen>.

3 47 #30. Page 84, by striking lines 5 through 12.

3 48 #31. Page 85, by inserting after line 16 the  
3 49 following:

3 50 <TRAINING FOR CHILD WELFARE SERVICES PROVIDERS

4 1 Sec. \_\_\_\_\_. 2008 Iowa Acts, chapter 1187, section 9,  
4 2 subsection 20, paragraph c, subparagraph (6), is  
4 3 amended to read as follows:

4 4 (6) For training for child welfare services  
4 5 providers, \$250,000. The training shall be developed

4 6 by the department in collaboration with the coalition  
4 7 for children and family services in Iowa.  
4 8 Notwithstanding section 8.33, moneys allocated in this  
4 9 subparagraph that remain unencumbered or unobligated  
4 10 at the close of the fiscal year shall not revert but  
4 11 shall remain available for expenditure for the  
4 12 purposes designated until the close of the succeeding  
4 13 fiscal year.>

4 14 #32. Page 86, by inserting after line 6 the  
4 15 following:

4 16 <FAMILY SUPPORT SUBSIDY SLOTS  
4 17 Sec. \_\_\_\_\_. 2008 Iowa Acts, chapter 1187, section  
4 18 19, is amended by adding the following new subsection:  
4 19 NEW SUBSECTION. 3. If at any time during the  
4 20 fiscal year, the amount of funding available for the  
4 21 family support subsidy program is reduced from the  
4 22 amount initially used to establish the figure for the  
4 23 number of family members for whom a subsidy is to be  
4 24 provided at any one time during the fiscal year,  
4 25 notwithstanding section 225C.38, subsection 2, the  
4 26 department shall revise the figure as necessary to  
4 27 conform to the amount of funding available.

4 28 PREGNANCY COUNSELING  
4 29 Sec. \_\_\_\_\_. 2008 Iowa Acts, chapter 1187, section  
4 30 30, is amended by adding the following new unnumbered  
4 31 paragraph:  
4 32 NEW UNNUMBERED PARAGRAPH. Notwithstanding section  
4 33 8.33, moneys appropriated in this section that remain  
4 34 unencumbered or unobligated at the close of the fiscal  
4 35 year shall remain available for expenditure for the  
4 36 purpose designated until the close of the fiscal year  
4 37 beginning July 1, 2010.>

4 38 #33. Page 97, by striking line 10 and inserting  
4 39 the following: <~~chairperson, upon the request of a~~  
4 40 ~~state agency, state medical examiner or as~~>.

4 41 #34. Page 111, by inserting after line 17 the  
4 42 following:

4 43 <DIVISION \_\_\_\_  
4 44 IOWACARE == NONPARTICIPATING  
4 45 PROVIDER == REIMBURSEMENT  
4 46 Sec. \_\_\_\_\_. NEW SECTION. 249J.24A  
4 47 NONPARTICIPATING PROVIDER REIMBURSEMENT FOR COVERED  
4 48 SERVICES == REIMBURSEMENT FUND.  
4 49 1. A nonparticipating provider may be reimbursed  
4 50 for covered expansion population services provided to  
5 1 an expansion population member by a nonparticipating  
5 2 provider, if the nonparticipating provider contacts  
5 3 the appropriate participating provider prior to  
5 4 providing covered services to verify consensus  
5 5 regarding one of the following courses of action:  
5 6 a. If the nonparticipating provider and the  
5 7 participating provider agree that the medical status  
5 8 of the expansion population member indicates it is  
5 9 medically possible to postpone provision of services,  
5 10 the nonparticipating provider shall direct the  
5 11 expansion population member to the appropriate  
5 12 participating provider for services.  
5 13 b. If the nonparticipating provider and the  
5 14 participating provider agree that the medical status  
5 15 of the expansion population member indicates it is not  
5 16 medically possible to postpone provision of services,  
5 17 the nonparticipating provider shall provide medically  
5 18 necessary services.  
5 19 c. If the nonparticipating provider and the  
5 20 participating provider agree that transfer of the  
5 21 expansion population member is not possible due to  
5 22 lack of available inpatient capacity, the  
5 23 nonparticipating provider shall provide medically  
5 24 necessary services.  
5 25 d. If the medical status of the expansion  
5 26 population member indicates a medical emergency and  
5 27 the nonparticipating provider is not able to contact  
5 28 the appropriate participating provider prior to  
5 29 providing medically necessary services, the  
5 30 nonparticipating provider shall document the medical  
5 31 emergency and inform the appropriate participating  
5 32 provider immediately after the member has been  
5 33 stabilized of any covered services provided.  
5 34 2. a. If the nonparticipating provider meets the  
5 35 requirements specified in subsection 1, the  
5 36 nonparticipating provider shall be reimbursed for

5 37 covered expansion population services provided to the  
5 38 expansion population member through the  
5 39 nonparticipating provider reimbursement fund in  
5 40 accordance with rules adopted by the department of  
5 41 human services. However, any funds received from  
5 42 participating providers, appropriated to participating  
5 43 providers, or deposited in the IowaCare account  
5 44 pursuant to section 249J.24, shall not be transferred  
5 45 or appropriated to the nonparticipating provider  
5 46 reimbursement fund or otherwise used to reimburse  
5 47 nonparticipating providers.

5 48 b. Reimbursement of nonparticipating providers  
5 49 under this section shall be based on the reimbursement  
5 50 rates and policies applicable to the nonparticipating  
6 1 provider under the full benefit medical assistance  
6 2 program, subject to the availability of funds in the  
6 3 nonparticipating provider reimbursement fund and  
6 4 subject to the appropriation of moneys in the fund to  
6 5 the department.

6 6 c. The department shall reimburse the  
6 7 nonparticipating provider only if the recipient of the  
6 8 services is an expansion population member with active  
6 9 eligibility status at the time the services are  
6 10 provided.

6 11 3. a. A nonparticipating provider reimbursement  
6 12 fund is created in the state treasury under the  
6 13 authority of the department. Moneys designated for  
6 14 deposit in the fund that are received from sources  
6 15 including but not limited to appropriations from the  
6 16 general fund of the state, grants, and contributions,  
6 17 shall be deposited in the fund. However, any funds  
6 18 received from participating providers, appropriated to  
6 19 participating providers, or deposited in the IowaCare  
6 20 account pursuant to section 249J.24 shall not be  
6 21 transferred or appropriated to the nonparticipating  
6 22 provider reimbursement fund or otherwise used to  
6 23 reimburse nonparticipating providers.

6 24 b. Moneys in the fund shall be separate from the  
6 25 general fund of the state and shall not be considered  
6 26 part of the general fund of the state. The moneys  
6 27 deposited in the fund are not subject to section 8.33  
6 28 and shall not be transferred, used, obligated,  
6 29 appropriated, or otherwise encumbered, except to  
6 30 provide for the purposes specified in this section.  
6 31 Notwithstanding section 12C.7, subsection 2, interest  
6 32 or earnings on moneys deposited in the fund shall be  
6 33 credited to the fund.

6 34 c. Moneys deposited in the fund shall be used only  
6 35 to reimburse nonparticipating providers who provide  
6 36 covered services to expansion population members if no  
6 37 other third party is liable for reimbursement and as  
6 38 specified in subsection 1.

6 39 d. The department shall attempt to maximize  
6 40 receipt of federal matching funds under the medical  
6 41 assistance program for covered services provided under  
6 42 this section if such attempt does not directly or  
6 43 indirectly limit the federal funds available to  
6 44 participating providers.

6 45 4. For the purposes of this section,  
6 46 "nonparticipating provider" means a hospital licensed  
6 47 pursuant to chapter 135B that is not a member of the  
6 48 expansion population provider network as specified in  
6 49 section 249J.7.

6 50 Sec. \_\_\_\_\_. NONPARTICIPATING PROVIDER REIMBURSEMENT  
7 1 FOR COVERED SERVICES == IOWACARE PROGRAM WAIVER  
7 2 RENEWAL.

7 3 1. Beginning July 1, 2010, the department of human  
7 4 services shall include in any medical assistance  
7 5 program waiver relating to the continuation of the  
7 6 IowaCare program pursuant to chapter 249J, provisions  
7 7 for reimbursement of covered expansion population  
7 8 services provided to an expansion population member by  
7 9 a nonparticipating provider subject to all of the  
7 10 following:

7 11 a. A nonparticipating provider may be reimbursed  
7 12 if the nonparticipating provider contacts the  
7 13 appropriate participating provider prior to providing  
7 14 covered services to verify consensus regarding one of  
7 15 the following courses of action:

7 16 (1) If the nonparticipating provider and the  
7 17 participating provider agree that the medical status

7 18 of the expansion population member indicates it is  
7 19 medically possible to postpone provision of services,  
7 20 the nonparticipating provider shall direct the  
7 21 expansion population member to the appropriate  
7 22 participating provider for services.  
7 23 (2) If the nonparticipating provider and the  
7 24 participating provider agree that the medical status  
7 25 of the expansion population member indicates it is not  
7 26 medically possible to postpone provision of services,  
7 27 the nonparticipating provider shall provide medically  
7 28 necessary services.  
7 29 (3) If the nonparticipating provider and the  
7 30 participating provider agree that transfer of the  
7 31 expansion population member is not possible due to  
7 32 lack of available inpatient capacity, the  
7 33 nonparticipating provider shall provide medically  
7 34 necessary services.  
7 35 (4) If the medical status of the expansion  
7 36 population member indicates a medical emergency and  
7 37 the nonparticipating provider is not able to contact  
7 38 the appropriate participating provider prior to  
7 39 providing medically necessary services, the  
7 40 nonparticipating provider shall document the medical  
7 41 emergency and inform the appropriate participating  
7 42 provider immediately after the member has been  
7 43 stabilized of any covered services provided.  
7 44 b. Reimbursement of a nonparticipating provider  
7 45 shall be based on the reimbursement rates and policies  
7 46 applicable to the nonparticipating provider under the  
7 47 full benefit medical assistance program, subject to  
7 48 the availability and appropriation of funds to the  
7 49 department for such purpose.  
7 50 c. Reimbursement shall be made to a  
8 1 nonparticipating provider only if the recipient of the  
8 2 services is an expansion population member with active  
8 3 eligibility status at the time the services are  
8 4 provided.  
8 5 d. For the purposes of this section,  
8 6 "nonparticipating provider" means a hospital licensed  
8 7 pursuant to chapter 135B that is not a member of the  
8 8 expansion population provider network as specified in  
8 9 section 249J.7.  
8 10 2. Notwithstanding the requirement of this section  
8 11 directing the department of human services to include  
8 12 provisions for reimbursement of covered services  
8 13 provided to an expansion population member by a  
8 14 nonparticipating provider under any medical assistance  
8 15 program waiver relating to the continuation of the  
8 16 IowaCare program beginning July 1, 2010, if the  
8 17 department of human services in consultation with the  
8 18 governor determines that such requirement would  
8 19 adversely affect continuation of or would reduce the  
8 20 amount of funding available for the IowaCare waiver,  
8 21 the department shall not include such provisions in  
8 22 the IowaCare waiver.>  
8 23 #35. Page 111, by inserting after line 19 the  
8 24 following:  
8 25 <Sec \_\_\_\_\_. NEW SECTION. 157.3B EXAMINATION  
8 26 INFORMATION.  
8 27 Notwithstanding section 147.21, individual pass or  
8 28 fail examination results made available from the  
8 29 authorized national testing agency to the board may be  
8 30 disclosed to the board-approved education program from  
8 31 which the applicant for licensure graduated for  
8 32 purposes of verifying accuracy of national data and  
8 33 reporting aggregate licensure examination results as  
8 34 required for a program's continued accreditation.>  
8 35 HF 811.S  
8 36 pf/jp/jh/26